

ISDH Radiological Health Section

1. Facility Registration Number [] [] [] [] 2. Inspector Signature _____

(code)

3. Inspection Date

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 4. Machine Identification (circle): Certified Noncertified Mixed

Last Inspection Date | | | | | |

5. Add this machine ☐ 6. Delete this machine ☐ 7. New Owner ☐

7. New Owner

5. Add this machine ☐ 6. Delete this machine

A. Machine Number	B. Machine Design (use Codes)	C. Location Within Facility	D. Manufacturer	E. Model and Serial Numbers	F. Means of Beam Collimation (circle one)	G. Maximum Machine Rating	H. Utilization Mode			I. Month and Year of:		
					<div> <div>Adj</div> <div>Cone</div> <div>Dia</div> <div>None</div> <div>Other</div> </div>	<div>KVp</div> <div>mA/mAs</div>	F	M	P	MEG	INST	INSP

***-Explain on Comment Page**

Satisfactory

Unsatisfactory*

N/A*

8. Warning label

9. Technique chart

10. mA and kV continuously indicated during exposure (fluoro)

11. Technique factors indicated before exposure (rad)

12. Phototime mode (rad)

13. Timer provided

14. Cumulative time indicated on timer

15. Timer reset between patients

16. Half-value layer

17. Staff in room during x-ray production**

8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		

****Note: If staff are allowed in the room during x-ray production, the simulator must meet all requirements for fluoroscopic machines. Please complete the survey on a regular fluoroscopic system form.**

See 410 IAC 5-6-5 (j)(1) and (2) for specific requirements.